



## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name		Director's Name	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information
Check All That Apply:
<b>1. Transportation</b>
I give consent for my child to be transported and supervised by the operation's employees:
<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. Field Trips</b>
<input type="radio"/> I give consent for my child to participate in field trips.
<input type="radio"/> I do not give consent for my child to participate in field trips.
Comments

### 3. Water Activities

I give consent for my child to participate in the following water activities:

- ☐ water table play    ☐ sprinkler play    ☐ splashing/wading pools    ☐ swimming pools    ☐ aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

### 5. Meals

I understand that the following meals will be served to my child while in care:

- ☐ None    ☐ Breakfast    ☐ Morning snack    ☐ Lunch    ☐ Afternoon snack    ☐ Supper    ☐ Evening snack

### 6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

### Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

2. ☐ A signed and dated copy of a health care professional's statement is attached.
3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Requirements for Exclusion

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12–15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

#### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

#### TB Test (If Required)

☐ Positive ☐ Negative Date: \_\_\_\_\_



### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

# PARENT AGREEMENT

**Payment:** It has been explained and I understand that registration/enrollment fee and tuition payments are due in advance. Subsequent tuition payments are due weekly every **Monday**. Payments are considered late if not paid by 11:59pm Monday. A late fee of \$30.00 will be charged weekly every Tuesday at 12:00 am. **Registration/Enrollment fees are due annually based on the anniversary of enrollment date. Rates are evaluated yearly and may be raised every year September 1<sup>st</sup>. Two weeks' notice will be given to families for rate changes.**

I understand that I am paying to reserve a space for my child and full weeks' tuition is due whether my child is here or not. I agree to make these payments weekly every Monday or incur a late fee of \$30.00.

I further understand that Rainbow Academy has admitted my child(ren) on a two-week trial period beginning on the first day of care. During that time, Rainbow Academy may terminate the childcare agreement with a 24-hour notice. No pre-paid fees will be credited upon cancelation during the trial period. After the trial period, a two weeks' written notice is required by either party to terminate (except in the event that puts children or staff in imminent danger).

The center hours are 6:30am to 6:30pm, Monday through Friday. If my child(ren) are picked after hours, there is a charge of \$1.00 per minute after 6:30pm. I agree to pay this fee at the time of pickup on that day or no later than the next two working days.

I have read and understand the statement of policies of Rainbow Academy, and agree to abide by these terms and conditions.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

**Purpose:**

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.



# Child Assessment Form

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

\* If applicable.

## 1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

## Child Assessment Form

What position is most comfortable for your child when he/she is napping?	
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#### 4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

#### 5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

#### 6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Director Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

\_\_\_\_\_  
Signature of Parent Date Signed

#### Additional Comments:

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Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Rainbow Academy offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to the child care center's director.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**10.(Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to Amy Pringle, either in person or by telephone at (832) 282-1351. You may ask for a hearing by calling or writing to Max Taylor, Advance Child Care, Inc.; 523 West First Ave; Corsicana, Texas 75110, (903) 872-5231.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call Amy Pringle at (832) 282-1351.

Sincerely,

Victoria Bradford

**Income Eligibility Guidelines  
for Determining Free and Reduced-Price Benefits  
July 01, 2019 - June 30, 2020**

Ingresos máximos para determinar  
la elegibilidad para el programa de nutrición  
01 julio, 2019 - 30 junio, 2020

<b>FAMILY SIZE</b>	<b>ANNUAL REDUCED</b>	<b>MONTHLY REDUCED</b>	<b>TWICE PER MONTH REDUCED</b>	<b>EVERY TWO WEEKS REDUCED</b>	<b>WEEKLY REDUCED</b>
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add:	\$8,177	\$682	\$341	\$315	\$158

Children from households whose incomes are at or below the levels shown above, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced - price meals."

Adult Day Care participants whose household incomes are at or below the levels shown above, or who receive medicaid, Supplemental Security Income (SSI) or SNAP benefits, are eligible for free or reduced-price meals.

Los niños de hogares con ingresos iguales o menores a los niveles indicados anteriormente, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) califican para recibir comidas gratuitas o a precio reducido.

Las personal que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles indicados anteriormente, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

## CACFP STUDENT ENROLLMENT FORM

CM-1500

**Rainbow Academy** participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to annually review and make changes to enrollment data.

CHILD(REN) INFORMATION			
Center Enroll Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		<b>Ethnic Identity (Check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Racial Identity (Check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <b>Gender Identity (Check one)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
Child's First Name	<input type="text"/>		
Child's Last Name	<input type="text"/>		
Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Normal Days In Care Center's Days of Operation: -M-F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
Normal Hours In Care Center's Hours of Operation: -06:30 AM-06:30 PM	<input type="text"/> <input type="checkbox"/> AM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM		
Meals/Snacks Child Receives Meals/Snacks Served at Center: -BRK, LUN, PMS, SUP	<input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS		
Center Enroll Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		<b>Ethnic Identity (Check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Racial Identity (Check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <b>Gender Identity (Check one)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
Child's First Name	<input type="text"/>		
Child's Last Name	<input type="text"/>		
Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Normal Days In Care Center's Days of Operation: -M-F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
Normal Hours In Care Center's Hours of Operation: -06:30 AM-06:30 PM	<input type="text"/> <input type="checkbox"/> AM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM		
Meals/Snacks Child Receives Meals/Snacks Served at Center: -BRK, LUN, PMS, SUP	<input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS		
Center Enroll Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		<b>Ethnic Identity (Check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Racial Identity (Check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <b>Gender Identity (Check one)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
Child's First Name	<input type="text"/>		
Child's Last Name	<input type="text"/>		
Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Normal Days In Care Center's Days of Operation: -M-F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU		
Normal Hours In Care Center's Hours of Operation: -06:30 AM-06:30 PM	<input type="text"/> <input type="checkbox"/> AM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM		
Meals/Snacks Child Receives Meals/Snacks Served at Center: -BRK, LUN, PMS, SUP	<input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS		

SITE / SPONSOR USE ONLY

 Withdrawal Date:  /  /   
 Re-Enroll Date:  /  / 

SITE / SPONSOR USE ONLY

 Withdrawal Date:  /  /   
 Re-Enroll Date:  /  / 

SITE / SPONSOR USE ONLY

 Withdrawal Date:  /  /   
 Re-Enroll Date:  /  / 

## PARENT / GUARDIAN INFORMATION

I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.

Parent's First Name

Parent's Last Name

Cell Phone

Signature

Date

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## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no eligibility number ☐

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) (Example) Jane Smith	B. Gross income and how often it was received <b>Note:</b> Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number





## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

### Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Tier I \_\_\_\_ Tier II \_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

### Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# INSTRUCTIONS FOR CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE)

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC (see illustration).

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have an eligibility number, skip this part.

**Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. See next.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

## Infant Declaration Form:

Child Care Center Name \_\_\_\_\_

### INSTRUCTIONS TO PARENTS:

Complete **BOTH** sections on this form. Sign and date where indicated. Submit to child care provider.

#### Section 1

Infant's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_

My Child is allergic to the following foods:

(A Doctor's note is required for any foods that cannot be substituted within the same food group.)

\_\_\_\_\_  
\_\_\_\_\_

#### Section 2

Your child care provider offers the following infant formula(s): \_\_\_\_\_

Parent Declaration - Select only **ONE** of the following options.

☐

Center will provide ALL meal components for infant named above.

OR

☐

Parent will provide ALL meal components for infant named above.

OR

☐

**BOTH PARENT and CENTER** will provide meal components for infant named above, as indicated below:

	<u>0-5 Months</u>	<u>6-11 Months</u>
( ) Center OR ( ) Parent will provide Iron Fortified Infant Formula / Breast Milk	( )	( )
( ) Center OR ( ) Parent will provide Iron Fortified Infant Cereal		( )
( ) Center OR ( ) Parent will provide Infant Fruits/Vegetables		( )
( ) Center OR ( ) Parent will provide Infant Meats		( )
( ) Center OR ( ) Parent will provide Crusty Bread/Crackers		( )

\*\*\* This form must be updated and submitted any time there is a change in Section 2.

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

\_\_\_\_\_  
Parent Signature

(\_\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Date

Please include your phone number so our CACFP Sponsor can contact you if they have any questions.



# PARENT HANDBOOK

OCTOBER 4, 2019

Owners: Marghani Haaji and Saida Said

Director: Victoria Bradford

2227 CHEYENNE STREET, IRVING TEXAS 75062 \* PHONE 972-594-0005 \* FAX 972-594-0019

Email: [rainbowacademytx@gmail.com](mailto:rainbowacademytx@gmail.com)

## Mission Statement

At Rainbow Academy we believe a child is never too young to learn. Our program offers a seamless educational experience from infancy through the elementary years. Our childcare experience is designed to promote each child's own individual social, emotional, physical and cognitive development. Our mission is to provide a safe and developmentally appropriate learning environment, which fosters a child's natural desire to explore, discover, create and become a lifelong learner.

## Philosophy and Goals/Overview of Services

Our philosophy is to prepare our students not only for the upcoming years in school they have ahead of them, but to start preparing them for their future adult life so they can be productive and active, viable adults. We do this through center created play which promotes learning and through age appropriate curriculum. Motor skills (large and small), sensory, reading, imagination, independence, health and safety, creativity, self-worth and respect.

## Touring the Facility and Introduction to Teaching Staff

All parent/guardian, potential and newly enrolled children will have the opportunity to tour Rainbow Academy and will be introduced to our teaching staff, discuss curriculum, schedule and menu.

## Admission Policy

For your child to be admitted into Rainbow Academy, appropriate paperwork must be completed and returned for files. These include: Completed Admission Information form, Parent Agreement form, copy of parent's ID. Immunization records (TB test is no longer required (for children) in Dallas County, City of Irving). Child Assessment form, CACFP MEAL BENEFIT ENROLLMENT AND INCOME form, Signed and dated Parent Handbook Policy Acknowledgement form and signed and dated Photo/Video/Media Permission form. **Hearing and vision screening must be done and documented on file for all children age four years and older by September 1<sup>st</sup>.** You will have 120 days from date of enrollment, to provide verification of hearing and vision screening.

## Trial Period

All new children will be cared for on a two-week (10 business days) trial period beginning on your child's first actual day of care. During that time, the parent or provider may terminate the childcare agreement with a 24-hour notice. No pre-paid fees will be credited upon cancelation during the Trial Period. After the trial period, a two-week written notice is required by either party to terminate the agreement.

## Hours of Service and Holidays

Rainbow Academy is open Monday through Friday from 6:30am to 6:30pm. We are closed for the following holidays:

New Year's Day	Labor Day
Martin Luther King Day	Thanksgiving Day
Good Friday	Day after Thanksgiving
Memorial Day	Christmas Eve
July 4 <sup>th</sup>	Christmas Day
	Day after Christmas

All full-time morning children must arrive by 9:00am. Daily curriculum and schedules begin promptly at 9:00am. Parents/Guardians must notify the daycare if child will (occasionally) arrive after 9:00am.



## Irving I.S.D. Weather Closings

Rainbow Academy will follow Irving I.S.D. weather closings and delayed start times. Please remember to check announcements on local news, weather and Irving I.S.D. broadcasts/bulletins for up-to-date bad weather closings/delayed start times. Rainbow Academy will **close and remain closed all day** when Irving ISD announce delayed start times.

## Payments, Fees, Late Payments and Refunds

Registration/enrollment fee and tuition payments are due in advance. Subsequent tuition payments are due weekly, every **Monday**. Effective October 1, 2018 a \$30.00 weekly late fee charge will be added to all unpaid balances. Tuition is due every **Monday**. If tuition is not paid by **11:59 pm Monday**, a \$30.00 late fee will be added weekly every **Tuesday at 12:00 am**, to all unpaid balances.

**For families active in the Child Care Assistance program and have a monthly co-pay:** Monthly payments are due the first Monday of the month. If the daycare is closed the first Monday of the month, then co-payment is due the first subsequent day the daycare is open. **A \$30.00 late fee will be added to all unpaid balances not paid by 11:59pm the first business day of the month.**

**Registration/Enrollment fees are due annually based on the anniversary of enrollment date.** Rates are evaluated yearly and may be raised every year September 1<sup>st</sup>. Two weeks' notice will be given to families for rate changes.

Rainbow Academy closes at 6:30pm. Children picked up after closing are considered late and will incur a **late fee of \$1.00 per minute**. Late fees must be paid upon arrival the following morning.

Full weekly tuition payments are charged when your child is present or not. You are paying to reserve a space whether your child is here or not. This includes holidays and vacations. If your child is absent without notice for two continuous weeks, then your child will be discharged from the daycare and additional charges will incur. **(Please see Discharge and Withdrawal)**

When your child has been in attendance, continuously for one full enrollment year and their tuition and fees are paid up to date, your child will receive one free week of tuition (during a subsequent week).

It is important to keep your child's tuition and fees paid up to date. If your child's tuition is two weeks in arrears, you will be asked to remove your child until the outstanding balance(s) is paid in full.

You will incur an additional tuition charge (per child, per week) for school aged children in attendance at Rainbow Academy, during no school days. Your school aged child will incur the same Summer rates, currently, \$150.00 weekly, during no school days. All payments for school aged children attending field trips, must be paid in advance, prior to the day of the field trip.

End of the year receipts will be available by January 31<sup>st</sup>. If you your child is withdrawn from Rainbow Academy and you have an outstanding balance, Rainbow Academy reserves the right to withhold your end-of-year receipt until the balance is paid in full. All outstanding balances owed 30 days after your child is discharged, your account will be turned over to a collection agency.

Rainbow Academy will charge a **\$25 return check fee**, per check, for returned checks.

Refund will be returned 30 days from the date of request, provided all outstanding balances are paid.

## **Hours of Care**

All pre-k children enrolled are considered full-time regardless if they attend pre-k outside of the daycare.

Full-time is 6-12 hours a day

Part-time is 1-6 hours a day

Drop-in (based on availability)

## **Age appropriate classroom**

Infant Room: age 6 weeks – 17 months

Infant-Toddler Room: 18 months – 35 months

Toddler Bridge Room: 18 months – 35 months

Pre-Kindergarten Room: 3 years – 5 Years (not attending full-time school)

After-school Room: 5 years (attending full time school) – 12 years (children with special needs to age 16 years)

Occasionally, exceptions are made due to advanced or delayed development (depends on availability in each class).

## **Classroom and Curriculum**

Children are divided into classrooms according to age and ability to perform in such class. These rooms are divided as follows: infants, toddlers (age 18-35 months), pre-k (age three, four and five), and after-schoolers (age six through twelve). Occasionally, exceptions are made due to advanced or delayed development (depends on availability in each class).

Teachers are qualified to develop standard classroom curriculum designed to encourage and inspire learning through creativity, imagination, reading with cognitive expectations. Children are involved in hands-on experiences, real-life adventures and assisted discovery as they explore concepts through play. Rainbow Academy does not allow screen time (TV, tablets, computers, electronic devices, etc.) for children under age 5 years. We limit screen time for children age 5 years and up.

## **Things to bring and Not to Bring**

We ask that all pre-school age and infants bring a change of clothes daily in case of an accident, so they can be changed. This helps to keep their self-esteem intact. If we don't have a change of clothes, they will either have to wear a large tee shirt, if we have one, or remain in their soiled clothes until they can be picked up. Either of which can be embarrassing for your child. Children in diapers or pull-ups need to have a daily supply of diapers, pull-ups and wipes. If you want to have powder or ointment applied to your child, it too must be supplied. We supply food and drink for the children. We do not allow children to bring outside food to be eaten in the classroom, except for special celebratory occasions. We do ask that bottles with your child's name on them are supplied. We encourage children age 18 months – 35 months to use a sippy cup. We discourage the use of pacifiers for children age 18 months - 35 months. If your child is on a special diet or you do not wish to use our infant formula, we need a doctor's note and/or a written statement for such. Exclusions from our menu for allergies require a doctor's note for

substitutions. We do ask that the children do not bring personal toys, electronics...etc., as they can be broken or lost for which we are not responsible.

## **Drop-off and Pick-up**

All full-time children attending Rainbow Academy must arrive **by no later than 9am**. Any full-time child arriving after 9am, without prior notification, will not be accepted. All parents (legal guardians) **must** electronically sign the child(ren) in and out during drop off and pick-ups each day. Please escort your child to his/her class as they are not allowed to roam the halls. Please ensure, your children remain with you when you remove your child from the classroom. **Do not allow your child to exit Rainbow Academy, alone.** It is not safe for your child to go to an awaiting car without a parent/guardian escort. Please keep your child(ren) with you when picking up additional children from class. Again, children are not allowed to roam the halls unattended. Once you remove your child(ren) from class, it is your responsibility to supervise your child(ren). Children on the playground cannot enter or leave from the gate; they must be escorted through the building at which point they will be placed in your care. Please notify us in advance, in the event someone other than the parent/guardian is scheduled to pick up your child. Rainbow Academy requires **acceptable identification** for anyone not currently authorized to pick up your child. Children must be supervised at all times while on Rainbow Academy property to avoid accidents and/or injury.

## **Special Needs**

We try to meet all the needs of each child. In the event that a special need cannot be met by Rainbow Academy, we will inform the parent and provide an appropriate amount of time for alternate childcare to be sought.

## **Illness/Sick Child**

If your child is ill, they cannot attend class. If your child has fever in excess of 101 degrees, vomiting, diarrhea, green nasal discharge or pink eye, these are symptoms that prevent us from allowing children to attend. We will require a doctor's note or child must be fever and symptom free for 24 hours, following a missed day due to illness, without medication in order for them to return. If your child becomes ill while in our care, we will phone and request for you to arrange for them to be picked up as soon as possible. Ill children will remain in the office area until they are picked up. We know it is hard to leave your job, however it is a health and safety policy requirement of Rainbow Academy.

## **Medical Emergencies**

**In the event of a medical emergency, 911 will be called, followed by a call to the parent/guardian.**

## **Medication Administration**

Medicines must be signed in daily. Infants sign-in sheets are located inside the classroom. Toddler through school aged, sign-in sheets are located the office. Only prescriptions or age/weight appropriate medicines are administered. Medication must be dispensed according to directions and have a valid expiration date. Medications with expired expiration dates will not be administered. All medication must be brought in and taken home daily. We are not allowed to keep medication on hand. Medication

requiring refrigeration will be placed in the small refrigerator located in the kitchen area. Please do not leave your child's medication inside of their bag or amongst their belonging as it is a safety hazard for all children at Rainbow Academy. You must inform office staff, including your child's teacher, if you gave them medicine (dose) prior to arriving to school.

## **Injury and Accident**

Accident and injuries, despite our precautions, are sometimes unavoidable. Incident reports are written and presented to parents for review and signature when the child is picked up. We will provide a signed copy of the incident report. Parents will be notified, in advance, in the event of an injury/accident that leaves a mark, cut, bruise, scratch or bite. We do try to catch everything; however, some children do not respond to injury (outcry of pain) and the injury may go unnoticed. In the event an injury is not discovered while in our care, please inform the office so that we can investigate what occurred, immediately.

## **Health and Safety**

- All staff are trained/certified in first aid and CPR. All staff are required to complete (update) first aid and CPR certification training skills every two years. Teachers and staff are required to attend various instruction-based classes including: child development, inside/outside safety, SIDS, shaken baby, brain development, health and nutrition, setting up classrooms, observing children, redirection, accident prevention, age appropriate curriculum, supervision and bettering themselves as well as each other.
- Infants not yet able to turn over on their own must be placed in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary.
- Each child enrolled or admitted to Rainbow Academy must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services (DSHS). This requirement applies to all children in child-care centers from birth through 14 years of age. Verification of immunizations must be received by date of admission and must be updated regularly. An official immunization record generated from a state or local health authority must include:
  - The child's name and date of birth
  - The type of vaccine and number of doses
  - The month, day and year the child received each vaccine
- Children attending pre-kindergarten or school away from Rainbow Academy, must have a copy of the current immunization record that is on file at the school the child attends or parent must provide a signed statement stating that the child's immunization record is current and on file at the school the child attends. The statement must be dated and include the name, address and telephone number of the school.
- All pre-school and school age children must have a vision and hearing screening by a professional for possible vision and hearing problems. Parents are required to submit verification of the child's acuity and sweep check results, or a parent signed statement stating that the child's screening records are current and on file at the school the child attends away from Rainbow Academy. The statement must be dated, signed and include the name, address and telephone number of the school.
- Parent may provide sunscreen and or insect repellant to be applied by Rainbow Academy staff as needed.

- For safety of **all children who can walk**, we require children to wear **closed toed and closed heel shoes**.
- **Infant Room Occupancy Policy**: The infant room is for children 6 weeks through 17 months of age, **only**. Children 18 months – 3 years of age are not allowed in the infant room without additional **staff** accompanying and supervising them. Children over the age of 4 years are **PROHIBITED** from entering the infant room. Families who have infants attending as well as children attending in other classes, must pick up the **infant child** from their class **first**, then go to other respective classes. Siblings or other children whom age is prohibited from entering the infant room must also adhere to this policy.

## **DRESS CODE**

Your child's attire first and foremost should be age appropriate. Clothing should never display inappropriate pictures or wording. Underpants should be covered at all times. If a child is wearing a dress, they must have shorts or bloomers underneath. Also, should spaghetti straps be worn, they must fit correctly. If they constantly slip off and expose the child's chest, a t-shirt will be placed on the child unless alternate clothing is provided, at which time we will have the child change. Clothing malfunctions, so to speak, often produce unnecessary, age inappropriate conversations.

**Footwear**, children are often building with large blocks, playing outdoors, riding on toys, climbing on the playscape, etc. Because of this, it is **REQUIRED** that all children wear a pair of **closed toe and closed heel shoes** each day. Please remember that your children are here to learn. At this age, this is often accomplished through play. It is very difficult to explain to a child that they cannot play outside or ride on toys because they do not have on protected footwear. Also, our playgrounds are covered in protected pea gravel which can be very dusty. They are here to have fun. Please dress them accordingly.

In addition, the children are required to wear their shoes throughout the day. Shoes should be comfortable and provide adequate protection for the feet during outdoor play. **Flip-flops, slip-on shoes, house slippers, open-toe or open heel sandals, jelly shoes and any shoes with high heels are prohibited as they present a safety hazard.**

## **Emergency Preparedness (evacuation plan)**

At Rainbow Academy, we know how important it is to be prepared in the event of fire and inclement weather. There are evacuation floor plans posted at the exits of every room at Rainbow Academy. Evacuation bags are located in each classroom and contain contact information for each participant. We conduct monthly fire drills and inclement weather drills to help us to be prepared in the event of an emergency. Staff are instructed to exit a predetermined area, proceed to the back of the building walking to the designated location at Holy Family Nazareth.

## **Lockdown Procedures**

During facility emergencies it is vital that facility staff and participants are prepared to react quickly.

The types of events that require lockdowns include situations such as the following:

- Active shooter
- Hostage situation
- Riots

- Police activity nearby
- National disasters

Staff should do the following if a lockdown is ordered:

- Lock all doors and windows immediately. If a door can't be locked, attempt to quickly block the door with heavy items.
- Never open doors or windows unless ordered to do so by a staff or public officials. Always ask for documentation from an official to confirm their identity.
- Turn off all lights and close the blinds or curtains.
- Instruct all children to stay low and away from the windows and doors.
- Keep children inside of the classroom.
- Silence televisions, cell phones and other electronics.
- Clear hallways, bathrooms and any area or room that cannot be thoroughly secured.
- Account for every child in the room.
- Assist those with special needs.
- Remain indoors and under lockdown until you receive an "all clear" from authorized staff or public officials.

## **Guidance and Discipline**

At Rainbow Academy, we feel it is essential that the children are greeted upon arrival and sent home at the end of the day on a happy note. In dealing in a learning environment, we hope to help the children to learn from their mistakes and as different as each individual is, we will have problems arise. We believe in communicating with parents when a problem arises, so that we can work together as a team to promote growth and assist in preventing reoccurrences. We ask that parents support and work with the teachers so that the child's progress is consistent and positive.

Our policy for discipline is first to redirect, followed by occasionally a call to parent for support. Teachers are not permitted to hit, spank, yell or embarrass the children as this promotes low self-esteem. We do inform the child of his/her misconduct so that they can learn from it and improve. Parents are not permitted to spank or yell at the children in the building or on the grounds of Rainbow Academy. Parents are informed of misconduct at the end of the day when a child is picked up. Please support your child's teacher and encourage your child(ren) to make better choices. If the child has continued challenging behavior on a reoccurring basis, a behavior management program will be implemented over a trial period of two weeks. This program will be devised based on the individual needs of each child.

## **Meals**

We are on a food program through Child Care Services and will need their form to be completed at the time of enrollment and on a yearly basis. We provide free Halal breakfast, lunch, afternoon snack, and dinner daily. Menus are posted in the office, classrooms and in the kitchen. It is a rotating menu and any substitution will be made with something on the menu. Breakfast is served until 8:30am. Lunch begins at 10:30 am. Snack is served after nap time (2:45 pm ). Dinner is served at 3:45pm – 4:45pm. If your child has an allergy to any item on the menu, we will need a doctor's note and/or written statement. Children are not allowed to bring outside food into the classroom, except for celebratory occasions. Families must insure children are fed if arriving outside of the scheduled meal service times.

## **Transportation, Bus Rules and Reminders**



We provide transportation to and from school, to and from field trips only. We do not provide transportation to and from home.

We depart for school drop off at 7:00 am in order to get the children to schools on time. If the bus has left when you get here, you will need to take your children to school. The children are informed of all rules for the bus and are expected to follow them at all times. Children are required to wear seat belts (one per child), remain under control and calm. Leave all items in backpacks. Use inside voices and help keep the bus clean. Allow the driver to help them in and out of the van by holding their hand. Do what they are asked to do. No fighting or roughhousing...etc. If a child cannot follow the rules for the bus, they will be prohibited from riding the bus.

If your children are scheduled to be picked up and for some reason will not be on the bus, **PLEASE inform the office before 2:30pm so that we can inform the driver.** When we don't know that your child is not there, we get delayed in picking up the remaining children. The driver cannot proceed to the next until we know where your child is.

The buses are maintained on an ongoing basis. Tags, plates and inspections are current and up to date. Drivers must have a current valid driver's license and a good driving record; they must be at least 25 years of age. Drivers carry cell phones but can only use them in case of an emergency. They must pull over before using a cell phone. First aid kits are on each bus at all times. We require written consent to transport the children to and from school, to and from field trips.

## **Field Trips**

Field trips are, and extra cost and the fees will be posted prior to the event. Fees must be paid in advance for the children to attend. Tee shirts with our information displayed on them are to be used for field trips. Children must follow classroom and field trip rules to be able to attend. If a field trip is paid in advance and your child misses it, your fee payment is non-refundable. We do not take children ages 5 through 12 years to the public swimming pools where there are no life guards on duty. Children ages 15 months through 5 years will enjoy sprinkler play located on the property of Rainbow Academy.

**Each field trip will require a separate permission form and must be signed (and returned) prior to the trip. If the permission form is return signed and your child does not have the appropriate tee shirt, your child will not be allowed to attend the field trip. No exceptions. That child will remain a Rainbow Academy.**

## **Special Events**

We allow the children to enjoy holiday parties throughout the year. You are encouraged to attend and celebrate these occasions with them. You may celebrate your child's birthday with him/her in the classroom. Please inform the office and your child's teacher in advance so that we can be prepared for the fun and excitement. Parents are encouraged to be involved with their child's progress and are welcome to join your child for lunch on occasion. We do an annual fundraiser/carnival this helps to meet the extra needs of the school which your child will benefit from. We encourage the children and parents to participate with functions so that we can reach goals set. We always have a great time with this and other events.

## **Pictures/Photographs and Video Taping**

We may picture studios come to take professional portraits of your child. Information will be posted in advance and you are never obligated to purchase any of the pictures. We do this for convenience to our parents.

Rainbow Academy participates in videotaping, advertisement for the center, public relations and family enrichment. This may include local new organizations, our online website or the press, approved by and accompanied by the director of the center. The snapshots which may include your child(ren) may be published and/or sold to other parents to cover the expenses involved.

**Parents/guardians must sign a PERMISSION TO PHOTOGRAPH CHILD form giving authorization for the center to photograph and/or video tape your child(ren) for these purposes.**

## **Open Door Policy**

We welcome parents at any time, in any area of our school. We encourage parent involvement, especially on field trips and helping with class parties. Also, if you have a concern. Please schedule a time to meet with the classroom teacher and /or director of the facility.

## **Breastfeeding**

Rainbow Academy will provide a comfortable place with a seat for mothers to breastfeed their child if they choose to do so. Parents may also provide breast milk for their child to be served while in our care which is warmed in a bottle warmer.

## **Parents' Responsibilities, Influence and Family Participation**

Children must be signed in and out by the custodial parent/guardian or adult person approved by the parent(s). Only those persons approved by the child's parent(s) may take a child from Rainbow Academy. If those persons are not known to current staff, identification will be required. Please understand that due to liability issues, staff of Rainbow Academy are not permitted to take children home from our center.

In order not to confuse school toys with a child's personal property, we ask that children not bring playthings from home. Rainbow Academy staff cannot be responsible for lost or broken personal toys. Two exceptions to this are, a stuffed animal for use during naptime by full-day preschool children and for Show & Tell purposes. You will be notified by your child's teacher if and when the class will have Show & Tell.

There are several ways you can help us maintain the best possible teaching atmosphere for your child:

- Communicate any concerns regarding our program or your child immediately to staff
- Pick up and read the notices and newsletters from the office or your child's teacher
- Pick up your child's papers/projects daily. Their work is very important to them and provides another means of communication between parent and child and helps the parent share in the child's day.
- Please be aware of the scheduled meal times of breakfast, served until 8:30am. Lunch begins at 10:30 am. Snack is served after nap time at 2:45 pm. Dinner is served at 3:45 – 4:45pm. Make sure your child arrives on time to be included in those meals, if you intend for them to be fed.
- Please do not allow your child to bring gum or candy or other outside food into the classroom. We STRONGLY encourage you to allow your child to eat what we are serving that day, unless, of course, food allergies are a concern. In that case, we ask that you bring a note from your physician. Any food brought from home will only be served at the same time that the other children are eating, and MUST be taken home at the end of the day, this is only in case of food allergies, otherwise do not bring outside foods.

- Periodically check on your child's supply of extra clothing. Please take-home soiled clothing promptly.
- The Texas Department of Family and Protective Services do not allow smoking on the premises, either indoors or outdoors.
- Please report changes and keep us informed of any new medical issues or concerns. You must report changes to: Name, Address, Phone Number, Emergency contacts or Persons Authorized to pick up children. You can communicate these changes through, phone call, email, written, in person and by filling out change of information cards available on the resource table in the front office.

Please understand young children are present in our building. Some adult language is not appropriate for young children. Rainbow Academy prohibits swearing or cursing on our property. Threatening staff, children or other parents will not be tolerated per Texas Department of Family and Protective Services.

Rainbow Academy has the right to terminate care in the event of disruptive behavior from a parent or guardian. In the event of incidents between children, Privacy Laws prevent us from revealing what child/children involved or pointing out a specific child. Parents are not allowed to address, pick up, handle or redirect another child, it is the teacher's responsibility. Rainbow Academy must adhere to rules on discipline and guidance as outlined in the Texas Minimum Standards for Child Care Centers. All adults, including parents, must follow these rules while on our property.

## **Complaint Procedures and Concerns**

We take the safety of this facility and your child's safety seriously.

To ensure questions, complaints or concerns are handled in a timely manner, please address issues immediately.

Complaints or concerns should be followed accordingly:

- Please notify the child's teacher (if the concern involves another child). If not resolved,
- Please notify the facilities Director. If not resolved,
- Please notify the facility owner. If not resolved,
- Please notify Texas Department of Family and Protective Services, Child Care Licensing

## **Discharge and Withdrawal**

We require a fourteen (14) day written notice must be received in the office, prior to the day of discharge/withdrawal of a child from Rainbow Academy. If your child is discharged/withdrawn from Rainbow Academy, without a required advanced 14 day written notice, you will incur a charge equal to half tuition rate for the 14 days. If your child is absent without notice for two continuous weeks, then your child will be discharged from the daycare and additional charges will incur.

## **Parent Teacher Conference and Visit with Classroom Teacher**

Rainbow Academy maintains individual classroom folders containing your child's performance and development. A minimum of two parent-teacher conferences per year are scheduled to review and discuss your child's performance and development summary. This gives the parent/teacher the opportunity communicates with one another. Conferences may also be requested/scheduled at any

time, please provide a request in advance (written, phone or in office) so that we may make arrangements suitable for parents and teacher/staff.

## **Suspension/Expulsion**

When your child(ren) displays repeated behavioral actions which puts children, staff or teachers in immediate danger, Rainbow Academy must protect the safety and wellbeing of all in the facility. Excessive behavioral actions which put children, staff or teachers in immediate danger may result in immediate suspension and/or expulsion from Rainbow Academy. In the event, parent(s)/guardian will be notified immediately.

## **Communication**

Communication is very important at Rainbow Academy. The parent and the provider need to have a good working relationship, so they can communicate and work together. Parents and the provider need to exchange pertinent information in the child's life, such as changes in routine, special events or activities as well as changes such as death, divorce, separation, moving visitors and any other changes that would or might affect your child. All of this information is very important in understanding the child's feelings, behavior and well-being. We welcome any questions, feedback or discussions of any kind that are oriented towards a positive outcome for your child(ren). Conferences will be scheduled based on request or as needed.

## **Record Keeping**

It is important that all paperwork which requires your signature be returned to the office in a timely fashion. **Changes in your address, phone numbers, job information, authorized pickup permissions or child's immunizations must be kept updated and reported as soon as the change is known.** We periodically send home documents for updating changes in your or your child's information. These documents must be completed and returned in a timely fashion. This ensures information in the files are kept up to date and promotes safety for the children, especially in an emergency situation and for purposes of contacting you.

**It is important that you are electronically signing your child(ren) in and out daily. The sign in/out tablets are located in the office.**

## **Parking**

Parking is not allowed in front of the steps as this promotes congestion and is not a safe place to park. The handicap space is reserved for handicap drivers only, you may get a ticket if you park there without a valid handicap placard or plates displayed on your vehicle. If you intend to stay in the building for a prolonged time, please do not block the busses. You may park in the church parking lot located behind the building.

## **Building Use and Specific Activities**

During the day, the center is used inside and out to meet the needs of our children. Classrooms are used for teaching, center-based learning, serving meals and nap time. Outside, we have two playgrounds, one for infant – two-year old's, the other for ages three - twelve. These are used according to schedules so that we all get a fair amount of outside play-time and learning-time, at least 30 minutes

twice a day, weather permitted. We have schedules for our classroom time as well. We have restroom, which are designated for boys and girls and are separated from staff restrooms.

## **Policy Changes**

In the event a policy is changed or added, we will inform the parents/guardians in writing in person or electronically and an updated policy document will be available upon request. If there are several changes, new policy documents will be distributed to all parents/guardians at the time of the change.

## **Inspection Form and How to Contact Local Licensing Office, Abuse Hotline and Department of Family and Protective Services (DFPS) (website)**

Rainbow Academy follows all policies as outlined in the Texas Minimum Standards for Childcare Centers. You are able to review the Texas Minimum Standards and our most recent licensing inspection at any time, located in the front lobby or online at [www.dfps.state.tx.us](http://www.dfps.state.tx.us). If you have any questions or concerns, feel free to contact the director. You can also contact the state child care licensing office listed below.

- Child Care Licensing – 8700 North Stemmons Freeway, Suite 104 Dallas, Texas 75247 # 214-951-7902
- Child Abuse hotline – 1-800-252-5400
- Child Care Licensing Inspection – 1501 Circle Drive, Mail Code 0-11, Fort Worth Texas 76119 #817-321-8604
- DFPS website - [www.dfps.state.tx.us](http://www.dfps.state.tx.us)

Rainbow Academy staff are **REQUIRED** by Texas State law and licensing requirements to report, immediately, to the police or DFPS any instance when there is reason to **suspect** the occurrence of physical, sexual or emotional child abuse, child neglect or exploitation. Staff are not required to notify parents/guardians when police or DFPS are called about possible child abuse, neglect or exportation, except at the recommendation of DFPS or the police when called.

The following examples of abuse or neglect include, but not limited to:

- Leaving a child in a vehicle unattended
- Not securing a child in a seat belt or age appropriate child(ren) in a safety seat (child car seat or booster seat)
- Unexplained marks or bruises on the child's body
- Hygiene issues or neglect

## **Gang Free Zone**

Under the Texas Penal Code, any area within 1000 feet of a childcare center is a gang free zone, where criminal offenses related to organized criminal activity are subject to harsher penalty. Rainbow Academy is a GANG FREE ZONE.

**Rainbow Academy is an equal opportunity program.** No person, in the United States shall, on the grounds of race, color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination.

## **Acknowledgement and Photo Permission Forms**

**Please complete, sign, date and return the last two pages of this handbook. They are marked "Rainbow Academy Copy"**

**Thank you for choosing Rainbow Academy for the care of your young child(ren)**

## Acknowledgment

I, (print parent/guardian name(s)) \_\_\_\_\_ and  
\_\_\_\_\_ have received the Rainbow Academy's Parent Handbook.  
All questions have been clearly discussed with me and I clearly understand the policy and  
procedure information contained in this handbook. I clearly understand my responsibilities  
as a parent/guardian of my child(ren) who attend Rainbow Academy.

Name of Child

Date of Enrollment

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Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Personnel (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

# PHOTO/VIDEO/MEDIA PERMISSION FORM

## Permission to Photograph/Video Tape Child

I (☐do ☐do not) give my permission for my child(ren) \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, and  
\_\_\_\_\_ to be photographed and or video recorded by  
teachers, staff of Rainbow Academy, and local news organizations approved by and  
accompanied by the director of **Rainbow Academy** for the purposes of advertising/marketing,  
public relations, and family enrichment, at any time. I understand the photos/video/media  
recording may include images of my child(ren) which may be published and or sold to other  
parents to cover the expenses involved such as brochures, booklets, newsletters, and or  
merchandise items related to Rainbow Academy.

I understand that I may change or remove my authorization at any time.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Personnel (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_



## Acknowledgment

I, (print parent/guardian name(s)) \_\_\_\_\_ and  
\_\_\_\_\_ have received the Rainbow Academy's Parent Handbook.  
All questions have been clearly discussed with me and I clearly understand the policy and  
procedure information contained in this handbook. I clearly understand my responsibilities  
as a parent/guardian of my child(ren) who attend Rainbow Academy.

Name of Child

Date of Enrollment

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Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Personnel (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

## Rainbow Academy Copy

# PHOTO/VIDEO/MEDIA and SOCIAL MEDIA PERMISSION FORM

## Permission to Photograph/Video/Record Child(ren)

I (☐do ☐do not) give my permission for my child(ren) \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, and  
\_\_\_\_\_ to be photographed and or video recorded by  
teachers, staff of Rainbow Academy, and local news organizations approved by and  
accompanied by the director of **Rainbow Academy** for the purposes of advertising/marketing,  
public relations, and family enrichment, at any time. I understand the photos/video/media  
recording may include images of my child(ren) which may be published and or sold to other  
parents to cover the expenses involved such as brochures, booklets, newsletters, and or  
merchandise items related to Rainbow Academy.

I understand that I may change or remove my authorization at any time.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Personnel (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

## Rainbow Academy Copy